

Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094 501-682-3409 • www.sosweb.state.ar.us

Instructions: File with the Secretary of State, Business Services Division State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address. PLEASE TYPE CLEARLY PRINT IN INK

STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned, pursuant to Act 1518 of 1999, sets forth the following:

1.	The name of the General Partnership is:	
2.	The street address of the Chief Executive Office of the General Partnership and street address	of the Arkansas office, if there is one:
3.	The name and physical address of the agent for service of process for the General Partnership:	
4.	The name and mailing address of each General Partner is:	
of t 5. Pa	me and mailing address of an Agent appointed and maintained by the partnership the names and mailing addresses of each General Partner. Names of Partners authorized to execute an instrument transferring real proper rtnership: (address)	
(na	me) (address)	
(na	ime) (address)	
6.	Authority or limitations of authority of some or all Partners regarding any other t	ransaction of partnership:
Sig	ned	
	(General Partner)	(date)
Sig	ned	
	(General Partner)	(data)

Filing Fee: \$50.00 Rev. 2/03